Georgia State Board of Occupational Therapy
237 Coliseum Drive
Macon, Georgia 31217-3858
Telephone: (478) 207-2440
http://sos.ga.gov/index.php/licensing/plb/36

"FORM B"

CERTIFICATION OF COMPLETION OF SUPERVISED CLINICAL (FORM B)

I certify that _____ has satisfactorily completed a minimum of 320 hours of
(Applicant)
supervised clinical experience practice relevant to Occupational Therapy as approved by the Georgia State Board of Occupational Therapy.

The program began on_____ and was completed on_____.

EVALUATION OF APPLICANT'S ABILITY

INSTRUCTIONS:

- Please evaluate the above-named Occupational Therapy applicant present ability to function in Occupational Therapy practice.

APPLICANT'S EVALUATION:

_____

_____

_____

❒Yes ❒ No Do you recommend that the Applicant's period of supervised clinical experience meets the requirements for licensure? If "No," please explain and attach relevant documentation.

_____

_____

_____ License #: _____
(Signature of Supervisor and "Active" license number)

_____
(Printed Name of Supervisor)

Sworn to and subscribed before me this ____ day of _____, 20___.

State of _____ County of _____

_____
Notary Public

My Commission Expires: _____ (**Notary Seal)**